

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Lamar
Permit #: 0-586
Driller: JAMES WELLS
Date drilling completed: 8-12-10

For Office Use Only:
Aquifer: B 112
Well #: _____
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Martin Baker</u> Mailing Address: <u>1873 Hwy 42</u> <u>Summerville, MS</u> <u>39482</u> City State Zip Code Telephone No. (<u>601</u>) <u>543 5502</u>	Well or Borehole Location Latitude: <u>31° 25' 20"</u> Longitude: <u>89° 29' 27"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 3 Twn 5N Rng 15W</u> Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Summerville MS</u>
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Well / Borehole Data
Date drilling started: 8-12 Date drilling completed: 8-12-10 Hole depth: 275 Hole diameter: 7
Location of the source of any surface water used for drilling: Well Water
Method of dosing and volume of Chlorine used in drilling and development: 3 lb Shark
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 160 feet above or below (circle one) land surface Date measured: 8-12-10
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 275 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 245 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 245 feet to 275 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: B112
 Well #: _____
 Elevation: _____

County: Lamar
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 8-12-10

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Martin Barker</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1873 Hwy 42</u> <u>Sumner, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39482</u>	<u>1/4</u> <u>1/4</u> Sec. <u>3</u> Twn <u>5N</u> Rng <u>15W</u>
Telephone No. <u>(601) 5435502</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>2</u> Miles <u>4 EAST</u> of <u>Sumner</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>8-12-10</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-12-10</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>160</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>170</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>160</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JAMES WELLS 0-586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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